3rd **AGENDA**

BOARD OF NURSING
July 10, 2014 – 8:30 a.m.
Room 474 (Fourth Floor)
Heber M. Wells Building
160 E. 300 S. Salt Lake City, Utah
This agenda is subject to change up to 24 hours prior to the meeting.

ADMINISTRATIVE BUSINESS:

1. Sign Per Diem
2. Call Meeting to Order.
3. Review and approve June 12, 2014 minutes

BOARD BUSINESS:

8:45 a.m. - NCSBN Annual meeting – Designation of Delegates.
8:50 a.m. - Connie Call, Compliance report, probationer requests/miscellaneous

PROBATION INTERVIEWS:

Please note: The compliance report, report from Committees and probation interviews may result in a closed meeting in accordance with §52-4-205(1)(a).

	Group 1 Room 474	**Group 2 Room 475**
9:15 a.m.	Erin Rasmussen, non compliance	Dusti Jo Hall, non compliance
9:30 a.m.	Rachel Zimmerman, non compliance	Lori Wright, non compliance
9:45 a.m.	Break	Break
10:00 a.m.	Kelly Powell, RN New Order	Jamie Partridge, RN New Order
10:15 a.m.		Amy Stone, evaluation review (telephone)
10:30 a.m.	Jeffrey Jones, RN New Order	Anne Montgomery, RN New Order
11:00 a.m.	Alecia Hall, LPN New Order	Leslie Mitchell, LPN New Order
11:30 a.m.	Amy Coleman, RN New Order	Brett Alexander, APRN New Order

LUNCH:

12:00 noon – 12:45 p.m.

BOARD BUSINESS:

12:45 p.m. - Karen Burton
1:00 p.m. - School Nurses and LPN scope of practice
2:00 p.m. –Rebecca McInnis, application review
2:30 p.m. - Gena Schmidt, reinstatement application (by telephone)
2:45 p.m. - Julie Porter, non compliance
3:00 p.m. - Report from Committees
3:30 p.m. - Review of probationer evaluations (meeting will be closed)
4:00 p.m. – Discussion regarding standing orders.
4:15 p.m. – Rule Revision

NEXT MEETING: August 21, 2014
Meetings scheduled for the next quarter: September 11, 2014, October 9, 2014 and November 6, 2014.

REVISED CHECKLIST FOR PUBLIC MEETINGS

(Fill in the blanks to correspond to each respective board, commission, or committee.)

off 0844
on 0929
Close 1227
on 1244
Close 1425

____ I am, Peggy Brown, chairperson of the BOARD OF NURSING.

____ I would like to call this meeting of the BOARD OF NURSING to order.

____ It is now (time) 8:33 (am / pm) on July 10, 2014.

____ This meeting is being held in room 474 of the HEBER WELLS BUILDING in SALT LAKE CITY UT.
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____ Notice of this meeting was provided as required under Utah's Open Meeting laws.

____ In compliance with Utah's Open Meetings laws, this meeting is being recorded in its entirety. The recording will be posted to the Utah Public Notice Website no later than three business days following the meeting.

____ In compliance with Utah's Open Meeting laws, minutes will also be prepared of this meeting and will be posted to the Utah Public Notice Website. Appropriately marked "pending approval" minutes will be posted no later than 30 days after the close of the meeting and "approved" minutes no later than three business days after approval.

____ The following Board members are in attendance:

		YES	NO
PEGGY BROWN	, Chairperson	☑	☐
CESCILEE RALL	, Chair-elect	☑	☐
ALISA BANGERTER		☑	☐
DIANA PARRISH		☐	**Excused**
RALPH PITTMAN		☑	☐
MEGAN CHRISTENSEN		☑	☐
CALVIN KREMIN		☑	☐
(VACANT)		☐	☐
(VACANT)		☐	☐
(VACANT)		☐	☐
(VACANT)		☐	☐

____ The following Board members are absent: (Refer to the above list.)

____ The following individuals representing DOPL and the Department of Commerce are in attendance:

		YES	NO
Mark B. Steinagel	, Division Director	☐	☑
Debra Hobbins	, Bureau Manager	☑	☐
Boyce Barnes	, Board Secretary	☑	☐
Connie Call	, Compliance Specialist	☑	☐
Steve Newkirk	Investigator	☐	☐
		☐	☐

✓ We welcome any visitors and interested persons at this time. Please be sure to sign the attendance report for the meeting and identify yourself before speaking.

____ As a courtesy to everyone participating in this meeting, at this time we ask for all cell phones, pagers, and other electronic devices to be turned off or changed to silent mode.

____ Board motions and votes will be recorded in the minutes.

____ Let us now proceed with the agenda.

✓ (End of the Meeting) It is now (time) 16:28 (am / pm), and this meeting is adjourned.

Guests - Please sign

Date: July 10, 2014

BOARD OF NURSING

NAME: (Please Print)	REPRESENTING
Janet Sirstins	Primary Children's Hospital Diabetes Clinic
Trina Bryson	PCH Diabetes and UofU
Catherine Spanks	UDOH Peds Endo
Jennifer Howell	Utah State Office of Education
Anny Mayfield	Rocky Mountain University of Health Professions
Lee Hamilton	PCH Diabetes / and U.F.U.
Elizabeth Hinkson	Utah County HD - Alpine Schools
Margo Hill	Davis School District
Amber Rees	USNA - Nebo School District
Rebecca McInnis	self

Guests - Please sign

Date: 7-10-14

BOARD OF NURSING - Group 2

NAME: (Please Print)	REPRESENTING
DUSTI HALL	
CAROL HUNTINGTON	LORI WRIGHT

close 0844 open 0928
" 1227 1244
1425 1437
1540 1615

SWORN STATEMENT
SUPPORTING CLOSURE OF BOARD MEETING

DOPL-FM-010 04/28/2006

I Marguerite Brown acted as the presiding member of the Nursing Board, which met on July 10 2014

Appropriate notice was given of the Board's meeting as required by §52-4-202.

A quorum of the Board was present at the meeting and voted by a majority vote, as detailed in the minutes of the open meeting, to close a portion of the meeting to discuss the following:

- ☒ the character, professional competence, or physical or mental health of an individual (52-4-205(1)(a))
- ☐ strategy regarding pending or reasonably imminent litigation (§52-4-205(1)(c))
- ☐ deployment of security personnel, devices, or systems (§52-4-205(1)(f))
- ☐ investigative proceedings regarding allegations of criminal misconduct (§52-4-205(1)(g))

The content of the closed portion of the Board meeting was restricted to a discussion of the matter(s) for which the meeting was closed.

With regard to the closed meeting, the minutes and recording of the open meeting include:

(a) the date, time, and place of the meeting;
(b) the names of members present and absent;
(c) the names of all others present except where such disclosure would infringe on the confidentiality necessary to fulfill the original purpose of closing the meeting;
(d) the reason or reasons for holding a closed meeting; and
(e) the vote either for or against the proposition to hold such a meeting cast by each board member by name.

☐ Pursuant to §52-4-206(5), a sworn statement is required to close a meeting under §52-4-205 (1)(a) or 52-4-205(1)(f), but a record by tape recording or detailed minutes is not required.

- ☐ A record was not made
- ☐ A record was made by: ☐ Tape Recording ☐ Detailed Written Minutes

☐ Pursuant to §52-4-206(1), a record by tape recording is required for a meeting closed under §52-4-205(1)(c) or 52-4-205(1)(g), and was made.

- ☐ Detailed written minutes of the content of a closed meeting although not required, are permitted and were kept of the meeting.

I hereby swear or affirm under penalty of perjury that the above information is true and correct to the best of my knowledge.

Marguerite Brown
Board Chairman or other Presiding Member

7-10-2014
Date of Signature

SWORN STATEMENT
SUPPORTING CLOSURE OF BOARD MEETING

DOPL-FM-010 04/28/2006

I Ralph P. Hansen acted as the presiding member of the _____ Board, which met on July 10, 2014

Appropriate notice was given of the Board's meeting as required by §52-4-202.

A quorum of the Board was present at the meeting and voted by a 3/0 vote, as detailed in the minutes of the open meeting, to close a portion of the meeting to discuss the following:

- ☒ the character, professional competence, or physical or mental health of an individual (52-4-205(1)(a))
- ☐ strategy regarding pending or reasonably imminent litigation (§52-4-205(1)(c))
- ☐ deployment of security personnel, devices, or systems (§52-4-205(1)(f))
- ☐ investigative proceedings regarding allegations of criminal misconduct (§52-4-205(1)(g))

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(d) the reason or reasons for holding a closed meeting; and
(e) the vote either for or against the proposition to hold such a meeting cast by each board member by name.

☒ Pursuant to §52-4-206(5), a sworn statement is required to close a meeting under §52-4-205 (1)(a) or 52-4-205(1)(f), but a record by tape recording or detailed minutes is not required.

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- ☐ A record was made by: ☐ Tape Recording ☐ Detailed Written Minutes

☐ Pursuant to §52-4-206(1), a record by tape recording is required for a meeting closed under §52-4-205(1)(c) or 52-4-205(1)(g), and was made.

- ☐ Detailed written minutes of the content of a closed meeting although not required, are permitted and were kept of the meeting.

I hereby swear or affirm under penalty of perjury that the above information is true and correct to the best of my knowledge.

Board Chairman or other Presiding Member

7/10/14
Date of Signature

Dear Utah Board of Nursing Members,

I am a Nationally Board Certified School Nurse, working in the Utah public school setting, seeking clarification on the current Nurse Practice Act, dated June 23rd 2014. The following questions are asked on my own behalf. I do not represent my employer or any other LEA. I do not seek to challenge the BON, or circumvent the intent of the new law, but rather I seek answers so I can be certain to practice in compliance with the new law. Since it is ultimately up to each state's Board of Nursing to determine scope of practice and identify activities deemed as unprofessional conduct, I look to the Utah Board of Nursing for guidance. I am seeking specific clarification on delegation by an RN to UAP's in regards to (1) insulin administration, (2) G-tube medication administration, as well as (3) the role of an LPN in regards to training UAP's.

My first questions concern RN delegation of medication administration to unlicensed assistive personnel (UAP's) in the school setting, specifically insulin. The words "correction dosage of insulin" have been removed from the previous version of the Nurse Practice Act. The explanation given in the summary of the rule change states *that "the term 'correction dosage of insulin' was removed because administering a correction dosage of insulin requires nursing assessment and follow-up and cannot be delegated to an unlicensed person"*. As written in the new law, a registered nurse in the school setting may only delegate *"the administration of a scheduled dose of insulin"*.

Question - As the RN responsible for six students with diabetes that cannot self-administer, may I legally delegate the administration of pre-meal insulin dosing for lunch time, as described below in the typical pre-meal insulin:carb ratio (I:C) and correction dose manner, to trained UAP's in the school setting?

My students are each on a similar insulin dosing regimen, prescribed by their healthcare provider:

a) A **pre-meal dose** for the carbohydrates they will eat (10-15 minutes before eating), using an **Insulin:Carbohydate** (I:C) ratio. The actual insulin **dose varies each day**, depending on the number of carbohydrates the student will eat for a particular meal, but the **ratio remains the same** for each particular student. *PCMC provides the insulin to carb ratio charts*. Additionally, students receive insulin for snacks between meals for parties, using the prescribed I:C ratio. Parents or school nutrition services provide lists of carbohydrate counts for the foods that will be eaten.

b) **Correction dose** - ***If*** blood glucose is above the individual student's prescribed target range when tested 10 - 15 minutes before lunch, in addition to the pre-meal dose for carbohydrates that will be eaten, **a correction dose** is prescribed, using a ratio prescribed by the healthcare provider. The amount of insulin given to correct a pre-meal high blood glucose may vary, but the ratio remains the same for each particular student. *Again, PCMC provides the correction dose ratio charts*.

For example, the following charts would be used by UAP's to figure the pre-meal (lunchtime) insulin dose for a student on a prescribed 1:15 insulin to carb ratio with a correction dose of 1:50:150 (each student of course has their own prescribed ratios, so charts will be different for each student).

Insulin to carb ratio: 1:15
1 unit of insulin for every 15 grams of carbohydrate

Grams of carb	Units of Insulin
7 - 22	1
23-37	2
38-52	3
53-67	4
68 - 82	5
83-97	6
98 - 112	7
113 - 127	8

Correction dose schedule
1 unit of insulin per 50 mg/dl over 150 mg/dl

Blood Glucose	Pre-meal dose
150-200	1
201-250	2
251-300	3
301-350	4
351-400	5
401-450	6
451-500	7

Question – The new law allows for an RN to delegate a "scheduled does of insulin" to a UAP. Does the board consider the administration of insulin using set ratios as in the above charts (insulin to carb and correction dose), to fit the definition of "scheduled dose of insulin"? Since the words 'correction dose' have been taken out of the Nurse Practice Act, it would seem that pre-meal correction dosing is no longer a task I may delegate to a UAP.

In addition, sometimes a student's blood glucose may be elevated in between meals. In some instances, PCMC has provided student specific written instructions in the student's Diabetes Medical Management Plan/Diabetes Medical Management Order for correction dosing for these ***in-between meal*** **high blood glucose** readings. For student's on pumps, if an in between meal dose is needed, any insulin already onboard is calculated by the pump, and the dose is automatically adjusted. In the case of students using injections, the healthcare provider indicates a minimum interval for which insulin can be administered to correct a high blood glucose between meals.

Question - <u>Would delegation of insulin administration to UAP's for in between meal high blood glucose readings be in compliance with the new law?</u>

Another area of concern is the administration of **medications** in the school setting **via G-tube**. The summary of the rule change states that *"Another change is clarification of the term 'medication', using the term in statute, 'routine medication'. A change to ensure student safety and avoid adverse outcomes is also made in Subsection (3)(d)."* The new Nurse Practice Act states that an RN in the school setting may delegate *"routine medication(s)"*. In statute, Section 58-31b-102(17) defines routine medications and very specifically lists the routes of medication administration that are considered "routine". **G-tube medications *are not* included on the list of defined routine medication routes.**

<u>Question</u> - Is it correct to assume that delegation of medication via G-tube to UAP's is not allowed, since the law now reads that we can only delegate "routine medication(s)" in the school setting and by definition in statute, G-tube route medication administration is not routine?

My final question concerns the role of an LPN in the school setting, specifically in regards to training UAP's. The new Nurse Practice Act has clarified that an RN "shall personally train any unlicensed person who will be delegated the task of administering routine medications (s) as defined by Subsection 58-31b-102(17)".

Question – Is it permissible for an LPN to train UAP's working in the school setting how to administer the following if the training is not student specific: asthma rescue inhalers and nebulizers, oral medications, epi-pens, insulin via pumps/pens/syringe and vial, glucagon, g-tube feedings and g-tube medications?

Thank-you in advance for your help in answering my questions. The new school year will be starting August 6th, and I need clarification in order to plan for training and delegation of staff in the schools I am responsible for.

Lisa Simon NCSN

R156-31b-301a. LPN License – Education, Examination, and Experience Requirements.
(1) An applicant who has never obtained a license in any state or country shall:
(a) demonstrate that the applicant:
(i) has successfully completed an LPN prelicensing education program that meets the requirements of Section 58-31b-601;
(ii) has successfully completed an LPN prelicensing education program that is equivalent to an approved program under Section 58-31b-601; or
(iii)(A) is enrolled in an RN prelicensing education program that meets the requirements of Section 58-31b-601; and
(B) has completed coursework that is equivalent to the coursework of an ACEN-accredited practical nurse program;
(b) pass the LPN NCLEX examination pursuant to Section R156-31b-301e; and
(c) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.
(2) An applicant who holds a current LPN license issued by another country or by a state that does not participate in the interstate compact shall:
(a) demonstrate that the license issued by the other jurisdiction is active and in good standing as of the date of application;
(b) demonstrate that the LPN prelicensing education completed by the applicant:
(i) is equivalent to LPN prelicensing education approved in Utah as of the date of the applicant's graduation; and
(ii) if a foreign education program, meets all requirements outlined in Section R156-31b-301d;
(c) pass the LPN NCLEX examination pursuant to Section R156-31b-301e; and
(d) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.
(3) An applicant who holds a current LPN license in an interstate compact state shall apply for a license within 90 days of establishing residency in Utah.
(4) An applicant who has been licensed previously(~~ in Utah~~), but whose license has expired or lapsed, shall:
(a) if the applicant has not practiced as a nurse for up to five years, document current compliance with the continuing competency requirements as established in Subsection R156-31b-303(3);
(b) if the applicant has not practiced as a nurse for more than five years but less than eight years:
(i) pass the LPN NCLEX examination within 60 days following the date of application; or
(ii) successfully complete an approved re-entry program;
(c) if the applicant has not practiced as a nurse for more than eight years but less than 10 years:
(i) successfully complete an approved re-entry program; and
(ii) pass the LPN NCLEX examination within 60 days following the date of application; or
(d) if the applicant has not practiced as a nurse for 10 years or more, comply with this Subsection (1).
(5) An applicant who has been licensed in another state or country, but whose license has expired or lapsed, shall:
(a) comply with this Subsection (2)(b); and
(b) comply with this Subsection (4) as applicable; and
(c) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.

R156-31b-301b. RN License – Education, Examination, and Experience Requirements.
(1) An applicant who has never obtained a license in any state or country shall:
(a) demonstrate that the applicant has successfully completed an RN prelicensing education program that:
(i) meets the requirements of Section 58-31b-601; or
(ii) is equivalent to an approved program under Section 58-31b-601;
(b) pass the RN NCLEX examination pursuant to Section R156-31b-301e; and
(c) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.
(2) An applicant who holds a current RN license issued by another country or by a state that does not participate in the interstate compact shall:
(a) demonstrate that the license issued by the other jurisdiction is current, active, and in good standing as of the date of application;

(b)(i) demonstrate that the applicant has graduated from an RN prelicensing education program; and
(ii) if a foreign education program, demonstrate that the program meets all requirements outlined in Section R156-31b-301d;
(c) pass the RN NCLEX examination pursuant to Section R156-31b-301e; and
(d) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.
(3) An applicant who holds a current RN license in an interstate compact state shall apply for a license within 90 days of establishing residency in Utah.
(4) An applicant who has been licensed previously(~~in Utah~~), but whose license has expired or lapsed, shall:
(a) if the applicant has not practiced as a nurse for up to five years, document current compliance with the continuing competency requirements as established in Subsection R156-31b-303(3);
(b) if the applicant has not practiced as a nurse for more than five years but less than eight years:
(i) pass the RN NCLEX examination within 60 days following the date of application; or
(ii) successfully complete an approved re-entry program;
(c) if the applicant has not practiced as a nurse for more than eight years but less than 10 years:
(i) successfully complete an approved re-entry program; and
(ii) pass the RN NCLEX examination within 60 days following the date of application; or
(d) if the applicant has not practiced as a nurse for 10 years or more, comply with this Subsection (1).
(5) An applicant who has been licensed in another state or country, but whose license has expired or lapsed, shall:
(a) comply with this Subsection (2)(b);
(b) comply with this Subsection (4) as applicable; and
(c) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.

R156-31b-301c. APRN License – Education, Examination, and Experience Requirements.
(1) An applicant who is not currently and validly licensed as an APRN in any state or country shall:
(a) demonstrate that the applicant holds a current, active RN license in good standing;
(b) demonstrate that the applicant has successfully completed an APRN prelicensing education program that meets the requirements of Subsection 58-31b-601(1) and Subsection 58-31b-302(4)(e);
(c) pass a national certification examination consistent with the applicant's educational specialty, pursuant to Section R156-31b-301e, and administered by one of the following credentialing bodies:
(i) the American Nurses Credentialing Center Certification;
(ii) the Pediatric Nursing Certification Board;
(iii) the American Association of Nurse Practitioners;
(iv) the National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties;
(v) the American Midwifery Certification Board, Inc.; or
(vi) the Council on Certification of Nurse Anesthetists;
(d) if the applicant specializes in psychiatric mental health nursing, demonstrate that the requirements outlined in this Subsection
(2) are met; and
(e) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.
(2) Requirements for APRN Specializing in Psychiatric Mental Health Nursing:
(a) In accordance with Subsection 58-31b-302(4)(g), the supervised clinical practice in mental health therapy and psychiatric and mental health nursing shall consist of a minimum of 4,000 hours of psychiatric mental health nursing education and clinical practice, including mental health therapy, as follows.
(i) 1,000 hours shall be credited for completion of clinical experience in an approved education program in psychiatric mental health nursing.
(ii) The remaining 3,000 hours shall:
(A) be completed after passing the applicable national certification examination and within five years of graduation from an accredited master's or doctoral level educational program;
(B) include a minimum of 1,000 hours of mental health therapy practice; and
(C) include at least 2,000 clinical practice hours that are completed under the supervision of:
(I) an APRN specializing in psychiatric mental health nursing; or

(II) a licensed mental health therapist who is delegated by the supervising APRN to supervise selected clinical experiences under the general supervision of the supervising APRN; and
(D) unless otherwise approved by the Board and Division, be completed while the individual seeking licensure is under the supervision of an individual who meets the requirements of this Subsection (2)(c).
(b) An applicant who obtains all or part of the clinical practice hours outside of Utah may receive credit for that experience by demonstrating that the training completed is equivalent in all respects to the training required under this Subsection (2)(a)(c)(i) An approved supervisor shall verify practice as a licensee engaged in the practice of mental health therapy for not less than 4,000 hours in a period of not less than two years.
(ii) Duties and responsibilities of a supervisor include:
(A) being independent from control by the supervisee such that the ability of the supervisor to supervise and direct the practice of the supervisee is not compromised;
(B) supervising not more than three supervisees unless otherwise approved by the Division in collaboration with the Board; and
(C) submitting appropriate documentation to the Division with respect to all work completed by the supervisee, including the supervisor's evaluation of the supervisee's competence to practice.
(3) An applicant who holds a current APRN license issued by another state or country shall:
(a) demonstrate that the license issued by the other state or country is current, active, and in good standing as of the date of application;
(b) demonstrate that the APRN prelicensing education completed by the applicant:
(i) if completed on or after January 1, 1987:
(A) is equivalent to APRN prelicensing education approved in Utah as of the date of the applicant's graduation; or
(B) constitutes a bachelor degree in nursing; and
(ii) if a foreign education program, meets all requirements outlined in Section R156-31b-301d;
(c) if the applicant specializes in psychiatric mental health nursing, demonstrate that the applicant has successfully engaged in active practice in psychiatric mental health nursing for not less than 4,000 hours in the three-year period immediately preceding the date of application; and
(d) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.
(4) An applicant who has been licensed previously(~~ in Utah~~), but whose license has expired, lapsed, or been on inactive status, shall:
(a) demonstrate current certification in the individual's specialty area; and
(b) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.
(5) An applicant who has been licensed previously in another state or country, but whose license has expired or lapsed, shall:
(a) comply with this Subsection (3)(b);
(b) demonstrate that the applicant is currently certified in the individual's specialty area; and
(c) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.

R156-31b-309. APRN Intern License.

(1) An individual who has completed all requirements outlined in Subsection R156-31b-301c(1) except the certification examination requirement may apply for an APRN intern license.

(2) In accordance with Section 58-31b-306, and unless this Subsection (3) or (4) applies, an intern license expires the earlier of:

(a) 180 days from the date of issuance;

(b) 30 days after the Division receives notice pursuant to this Subsection (4) that the applicant has failed the specialty certification examination; or

(c) upon issuance of an APRN license.

(3) ~~If an intern is applying for licensure as an APRN specializing in psychiatric mental health nursing, the intern license expires three years from the date of issuance~~. In accordance with 58-31b-306(1)(a)(iii), the level of APRN Intern supervision exercised by an advanced practice registered nurse or physician shall be general supervision.

(4) The Division in collaboration with the Board may extend the term of any intern license upon a showing of extraordinary circumstances beyond the control of the applicant.

(5) It is the professional responsibility of an APRN intern:

(a) to inform the Division of examination results within ten calendar days of receipt; and

(b) to cause the examination agency to send the examination results directly to the Division.

RE: Request for reinstatement of RN licensure for Rebecca McInnis

Dear State of Utah Board of Nursing;

I appreciate your diligence in assuring safety for the residents of the State of Utah by reviewing RN licensure. I believe that in the history of my licensure more information about the three following points would aid you in your decision.

1. In reference to the lack of CNM certification from the National certification council:
    a. I surrendered my Utah CNM license on November 11, 2013 because I did not have current certification with the National CNM certification council. I was unaware of this lack of certification. I had believed that my certification was current. It was not current because I had not completed the paperwork to submit my continuing education credits required for certification.
    b. In the meantime I have completed my MSN from the Frontier Nursing University (transcripts enclosed). I have also completed the required amount of continuing education credits needed for my certification to be reinstated.
    c. I completed and passed the ACMB (American Certification Midwifery Board) certification exam (score report enclosed).
    d. The ACMB gave me "CM" certification (as opposed to the CNM certification) because I did not have a current RN licensure which is required for the CNM certification.
    e. I had an RN license in the State of Texas but they revoked my license because the State of Utah required surrender of my CNM license (State of Texas paperwork enclosed).
    f. I recognize the necessity of certification for a licensee to show their current skills and knowledge base and to assure the safety of the public.
2. In reference to my practice as a CNM without a current Utah midwife license in May 2012:
    a. I was asked if my national certification was current at that time to which I replied that it was. I believed that to be true.
    b. This was an honest mistake brought on by over work and long hours.
3. In reference to the case on September 2, 2011 about administration of Cytotec:
    a. I made an error in administering 25mcg of Cytotec to this client to stimulate her labor.
    b. Although Cytotec is used in every hospital in the State of Utah regularly for stimulation of labor, this particular client was a past surgical patient in whom it was an improper use of the medication.
    c. Luckily mother and child suffered no poor outcomes as a result of my error.
    d. In response to this error I immediately stopped caring for VBAC (vaginal birth after cesarean) clients and also stopped using Cytotec for labor stimulation and utilized it for post birth hemorrhage control only. This decision was continued until I surrendered my license. I have not acted as a midwife since surrender.

Thank you for looking carefully at my request for licensure. I wish for reinstatement of my license so that I can begin again to serve the women and babies in the State of Utah.

Sincerely;

Rebecca McInnis